

Recipient Committee Campaign Statement

(Government Code Sections 84200-84216.5)

Type or print in ink.

COVER PAGE

Date Stamp

CALIFORNIA
2001/02
FORM

460

Page 1 of 51

For Official Use Only

Statement covers period

from 07/01/2020

through 09/19/2020

Date of election if applicable:
(Month, Day, Year)

11/03/2020

SEE INSTRUCTIONS ON REVERSE

1. Type of Recipient Committee: All Committees - Complete Parts 1,2,3, and 4.

☒ Officeholder, Candidate Controlled Committee

☒ State Candidate Election Committee

☐ Recall

(Also Complete Part 5.)

☐ General Purpose Committee

☐ Sponsored

☐ Small Contributor Committee

☐ Political Party/Central Committee

☐ Ballot Measure Committee

☐ Primary Formed

☐ Controlled

☐ Sponsored

(Also Complete Part 6.)

☐ Primary Formed Candidate/

Officeholder Committee

(Also Complete Part 7.)

2. Type of Statement:

☒ Pre-election Statement

☐ Semi-annual Statement

☐ Termination Statement

☐ Amendment (Explain below)

☐ Quarterly Statement

☐ Special Odd-Year Report

☐ Supplemental Preelection
Statement - Attach Form 495

3. Committee Information

I.D. NUMBER

1414082

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)

Blanca Rubio for Assembly 2020

STREET ADDRESS (NO P.O. BOX)

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Sacramento	CA	95814	(916)254-5180

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

CITY	STATE	ZIP CODE	AREA CODE/PHONE
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OPTIONAL: FAX/E-MAIL ADDRESS

info@millerpoliticallaw.com

Treasurer(s)

NAME OF TREASURER

Rebecca Olson

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Sacramento	CA	95814	(916) 254-5180

NAME OF ASSISTANT TREASURER, IF ANY

Russell H Miller

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Burlingame	CA	94010	650/401-8735

OPTIONAL: FAX/E-MAIL ADDRESS

4. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 09/23/2020

DATE

By Rebecca Olson

SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 09/23/2020

DATE

By Blanca Rubio

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT OR RESPONSIBLE OFFICER OF SPONSOR

Executed on _____

DATE

By _____

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

Executed on _____

DATE

By _____

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

FPPC Form 460 (June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC
State of California

Recipient Committee Campaign Statement Cover Page – Part 2

Type or print in ink.

COVER PAGE - PART 2

CALIFORNIA
FORM **460**

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5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

Blanca Rubio

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

Sought: State Assembly Person

Statewide

48

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP

Sacramento

CA

95814

Related Committees Not Included in this Statement: List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or to make expenditures on behalf of your candidacy.

COMMITTEE NAME

Rubio Fighting for California Ballot Measure Committee

I.D. NUMBER

1419371

NAME OF TREASURER

Denise Lewis

CONTROLLED COMMITTEE?

☒ YES

☐ NO

COMMITTEE ADDRESS STREET ADDRESS (NO P.O.BOX)

CITY

Sacramento

STATE

CA

ZIP CODE

95841

AREA CODE/PHONE

916/348-9111

COMMITTEE NAME

I.D. NUMBER

NAME OF TREASURER

CONTROLLED COMMITTEE?

☐ YES

☐ NO

COMMITTEE ADDRESS STREET ADDRESS (NO P.O.BOX)

CITY

STATE

ZIP CODE

AREA CODE/PHONE

6. Ballot Measure Committee

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER

JURISDICTION

☐ SUPPORT

☐ OPPOSE

Identify the controlling officeholder, candidate, or state measure proponent, if any.

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

OFFICE SOUGHT OR HELD

DISTRICT NO. IF ANY

7. Primarily Formed Committee

List names of officeholder(s) or candidate(s) for which this committee is primarily formed.

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT

☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT

☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT

☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT

☐ OPPOSE

Attach continuation sheets if necessary

Campaign Disclosure Statement Summary Page

Type or print in ink.
Amounts may be rounded
to whole dollars.

SUMMARY PAGE

Statement covers period		CALIFORNIA FORM 460
from	07/01/2020	
through	09/19/2020	Page 3 of 51
NAME OF FILER Blanca Rubio for Assembly 2020		I.D. NUMBER 1414082

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Blanca Rubio for Assembly 2020

Contributions Received

		Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions	Schedule A, Line 3	\$168,400.00	\$397,580.39
2. Loans Received	Schedule B, Line 7	\$0.00	\$0.00
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2	\$168,400.00	\$397,580.39
4. Nonmonetary Contributions	Schedule C, Line 3	\$0.00	\$2,034.42
5. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4	\$168,400.00	\$399,614.81

Calendar Year Summary for Candidates Running in Both the State Primary and General Elections

	1/1 through 6/30	7/1 to Date
20. Contribution Received	\$231,214.00	\$168,400.00
21. Expenditures Made	\$246,361.00	\$98,607.00

Expenditures Made

6. Payments Made	Schedule E, Line 4	\$93,375.98	\$335,504.72
7. Loans Made	Schedule H, Line 7	\$0.00	\$0.00
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7	\$93,375.98	\$335,504.72
9. Accrued Expenses (Unpaid Bills)	Schedule F, Line 3	\$5,231.04	\$7,429.17
10. Nonmonetary Adjustment	Schedule C, Line 3	\$0.00	\$2,034.42
11. TOTAL EXPENDITURES MADE	Add Lines 8 + 9 + 10	\$98,607.02	\$344,968.31

Expenditure Limit Summary for State Candidates

22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit)

Date of Election (mm/dd/yy)	Total to Date
3/3/2020	\$528,310.00
11/3/2020	\$147,835.00
_____	_____
_____	_____
_____	_____
_____	_____

Current Cash Statement

12. Beginning Cash Balance	Previous Summary Page, Line 16	\$182,909.20	To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).
13. Cash Receipts	Column A, Line 3 above	\$168,400.00	
14. Miscellaneous Increases to Cash	Schedule I, Line 4	\$1,000.00	
15. Cash Payments	Column A, Line 8 above	\$93,375.98	
16. ENDING CASH BALANCE	Add Lines 12 + 13 + 14, then subtract Line 15	\$258,933.22	
If this is a termination statement, Line 16 must be zero.			

17. LOAN GUARANTEES RECEIVED..... Schedule B, Part 2 \$0.00

Cash Equivalents and Outstanding Debts

18. Cash Equivalents	See instructions on reverse	\$0.00
19. Outstanding Debts	Add Line 2 + Line 9 in Column B above	\$7,429.17

*Since January 1, 2001. Amounts in this section may be different from amounts reported in Column B.

Schedule A

Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A

Statement covers period		CALIFORNIA FORM 460
from	07/01/2020	
through	09/19/2020	Page 4 of 51
NAME OF FILER Blanca Rubio for Assembly 2020		I.D. Number 1414082

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/18/2020	1-800 Contacts Inc Draper, UT 84020	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$1,000.00	2020P: \$1,000.00 2020G: \$1,000.00
9/5/2020	Alticor Inc Ada, MI 49355	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$750.00	\$750.00	2020P: \$500.00 2020G: \$750.00
8/8/2020	Amazon.com Services LLC Seattle, WA 98108	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$2,500.00	\$2,500.00	2020P: \$2,000.00 2020G: \$2,500.00
8/22/2020	AT&T Services Inc. and its Affiliates Sacramento, CA 95814	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$4,700.00	\$4,700.00	2020P: \$4,500.00 2020G: \$4,700.00
9/5/2020	Bayer Corporation Whippany, NJ 07981	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$4,000.00	\$4,000.00	2020G: \$4,000.00

SUBTOTAL

Schedule A Summary

1. Amount received this period - contributions of \$100 or more. (Include all Schedule A subtotals.)	\$168,400.00
2. Amount received this period - unitemized contributions of less than \$100	\$0.00
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.)	TOTAL \$168,400.00

*Contributor Codes
IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

FPPC Form 460 (JUNE/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2020</u>		CALIFORNIA FORM 460
through <u>09/19/2020</u>		
Page <u>5</u> of <u>51</u>		I.D. Number 1414082

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Blanca Rubio for Assembly 2020

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/19/2020	Blue Shield of California San Francisco, CA 94105	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$2,000.00	\$2,000.00	2020P: \$2,000.00 2020G: \$2,000.00
8/30/2020	CALIFORNIA AMERICAN COUNCIL OF ENGINEERING COMPANIES POLITICAL ACTION COMMITTEE Sacramento, CA 95814 Committee ID: 782143	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$2,000.00	\$2,000.00	2020P: \$2,000.00 2020G: \$2,000.00
8/2/2020	California Asphalt Pavement Association Political Action Committee Paramount, CA 90723 Committee ID: 952071	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$2,000.00	\$2,000.00	2020P: \$2,000.00 2020G: \$2,000.00
7/24/2020	California Association for Nurse Practitioners PAC Sacramento, CA 95814 Committee ID: 860692	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$1,000.00	2020P: \$1,000.00 2020G: \$1,000.00
8/30/2020	California Association of Dental Plans PAC Sacramento, CA 95814 Committee ID: 1305436	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$1,000.00	2020P: \$1,000.00 2020G: \$1,000.00
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from 07/01/2020		CALIFORNIA FORM 460
through 09/19/2020		
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Blanca Rubio for Assembly 2020

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9/5/2020	California Association of Health Facilities PAC Sacramento, CA 95816 Committee ID: 741816	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$2,000.00	2020P: \$2,000.00 2020G: \$1,000.00
8/15/2020	California Correctional Peace Officers Association Sacramento, CA 95814 Committee ID: 830439	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$4,700.00	\$5,400.00	2020P: \$4,700.00 2020G: \$4,700.00
8/22/2020	California Credit Union League PAC All Purpose Account Ontario, CA 91761 Committee ID: 760225	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$3,500.00	\$3,500.00	2020P: \$1,500.00 2020G: \$3,500.00
9/13/2020	California For Jobs and a Strong Economy Sacramento, CA 95841 Committee ID: 1275549	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$4,700.00	\$4,700.00	2020G: \$4,700.00
7/15/2020	California Forestry Association PAC Sacramento, CA 95814 Committee ID: 761244	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$1,000.00	2020P: \$1,251.91 2020G: \$1,000.00
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
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through	09/19/2020	Page 7 of 51
NAME OF FILER Blanca Rubio for Assembly 2020		I.D. Number 1414082

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8/4/2020	California Hotel & Lodging Association PAC Sacramento, CA 95816 Committee ID: 760808	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,500.00	\$3,000.00	2020P: \$3,000.00 2020G: \$1,500.00
9/19/2020	CALIFORNIA LEAGUE OF FOOD PROCESSORS PAC SACRAMENTO, CA 95814 Committee ID: 760553	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$1,000.00	2020G: \$1,000.00
8/15/2020	California New Car Dealers Association PAC Sacramento, CA 95814 Committee ID: 741623	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$2,500.00	\$4,200.00	2020P: \$4,700.00 2020G: \$2,500.00
7/24/2020	California Physical Therapy Association- Cal P T Pac Sacramento, CA 95834 Committee ID: 780079	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$250.00	\$250.00	2020P: \$500.00 2020G: \$250.00
9/13/2020	CALIFORNIA PROFESSIONAL ASSOCIATION OF SPECIALTY CONTRACTORS PAC Sacramento, CA 95814 Committee ID: 1263100	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$2,000.00	\$2,000.00	2020P: \$2,000.00 2020G: \$2,000.00
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2020</u>		CALIFORNIA FORM 460
through <u>09/19/2020</u>		
		Page <u>8</u> of <u>51</u>
NAME OF FILER Blanca Rubio for Assembly 2020		I.D. Number 1414082

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9/8/2020	California Real Estate Political Action Committee (CREPAC) Los Angeles, CA 90020 Committee ID: 890106	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input checked="" type="checkbox"/> SCC		\$7,300.00	\$7,300.00	2020P: \$7,300.00 2020G: \$7,300.00
8/6/2020	California State Association of Electrical Workers Political Account San Diego, CA 92123 Committee ID: 743107	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input checked="" type="checkbox"/> SCC		\$7,500.00	\$7,500.00	2020P: \$9,300.00 2020G: \$7,500.00
8/22/2020	California State Fire Fighters Association Sacramento, CA 95811	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$500.00	\$500.00	2020G: \$500.00
7/20/2020	California State Pipe Trades Council Political Action Fund Sacramento, CA 95814 Committee ID: 743895	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input checked="" type="checkbox"/> SCC		\$7,500.00	\$7,500.00	2020G: \$7,500.00
9/13/2020	CALIFORNIANS FOR FAIR HOUSING Sacramento, CA 95814 Committee ID: 1416673	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$1,000.00	2020G: \$1,000.00
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2020	
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7/24/2020	Caterpillar Employees Political Action Committee A Multicandidate Committee Peoria, IL 61629 Committee ID: 1307878	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,500.00	\$1,500.00	2020P: \$1,500.00 2020G: \$1,500.00
9/5/2020	CEMEX INC. EMPLOYEES PAC Houston, TX 77043 Committee ID: 1417274	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$4,700.00	\$4,700.00	2020G: \$4,700.00
9/5/2020	Charter Communications Saint Louis, MO 63131	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$2,700.00	\$4,700.00	2020P: \$4,700.00 2020G: \$4,700.00
7/15/2020	Charter Communications Saint Louis, MO 63131	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$2,000.00	\$4,700.00	2020P: \$4,700.00 2020G: \$4,700.00
9/13/2020	Cooperative of American Physicians State Political Action Committee Los Angeles, CA 90071 Committee ID: 760951	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$3,700.00	2020P: \$4,700.00 2020G: \$1,000.00

SUBTOTAL

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 07/01/2020		
through 09/19/2020		Page 10 of 51
		I.D. Number 1414082

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Blanca Rubio for Assembly 2020

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/22/2020	Credit Union of Southern California Los Angeles, CA 90048	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$500.00	\$500.00	2020G: \$500.00
8/4/2020	DOCTORS' COMPANY POLITICAL ACTION COMMITTEE NAPA, CA 94558 Committee ID: 923140	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,500.00	\$3,200.00	2020P: \$4,700.00 2020G: \$1,500.00
9/13/2020	Eagle Crest Energy Company Juno Beach, FL 33408	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$1,000.00	2020P: \$1,000.00 2020G: \$1,000.00
9/19/2020	Eli Lilly and Company Political Action Committee Sacramento, CA 95814 Committee ID: 990321	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$2,000.00	\$2,000.00	2020P: \$2,000.00 2020G: \$2,000.00
9/19/2020	Entertainment Software Association Washington, DC 20001	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,500.00	\$1,500.00	2020G: \$1,500.00
SUBTOTAL						

*Contributor Codes
IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2020	
through	09/19/2020	Page 11 of 51

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Blanca Rubio for Assembly 2020

I.D. Number

1414082

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/4/2020	EXPERIAN NORTH AMERICA INC POLITICAL ACTION COMMITTEE (EXPERIAN PAC) Costa Mesa, CA 92626 Committee ID: C00379768	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$2,500.00	\$2,500.00	2020G: \$2,500.00
8/4/2020	Ford Motor Company Civic Action Fund Dearborn, MI 48121 Committee ID: C00046474	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,500.00	\$1,500.00	2020G: \$1,500.00
8/15/2020	Foster Poultry Farms Modesto, CA 95356	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$2,000.00	\$2,000.00	2020P: \$3,500.00 2020G: \$2,000.00
9/13/2020	GreenbergTraurig Doral, FL 33166	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$500.00	\$500.00	2020P: \$1,000.00 2020G: \$500.00
8/22/2020	H&R Block Kansas City, MO 64105	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$1,000.00	2020G: \$1,000.00
SUBTOTAL						

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(other than PTY or SCC)
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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2020</u>		CALIFORNIA FORM 460
through <u>09/19/2020</u>		
		Page <u>12</u> of <u>51</u>
NAME OF FILER Blanca Rubio for Assembly 2020		I.D. Number 1414082

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/5/2020	Humboldt Redwood Co LLC Calpella, CA 95418	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$1,000.00	2020P: \$1,000.00 2020G: \$1,000.00
9/19/2020	Johnson & Johnson Washington, DC 20005	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,500.00	\$1,500.00	2020P: \$2,000.00 2020G: \$1,500.00
7/29/2020	LOS ANGELES POLICE PROTECTIVE LEAGUE PAC LOS ANGELES, CA 90017 Committee ID: 743579	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$4,700.00	\$4,700.00	2020P: \$4,700.00 2020G: \$4,700.00
8/8/2020	McDonald's California Operators PAC Sacramento, CA 95814 Committee ID: 782257	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$3,000.00	\$3,000.00	2020P: \$3,000.00 2020G: \$3,000.00
9/18/2020	NATIONAL UNION OF HEALTHCARE WORKERS CANDIDATE COMMITTEE FOR QUALITY PATIENT CARE AND UNION DEMOCRACY Sacramento, CA 95815 Committee ID: 1318200	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,500.00	\$1,500.00	2020G: \$1,500.00
SUBTOTAL						

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IND - Individual
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(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2020</u> through <u>09/19/2020</u>		CALIFORNIA FORM 460 Page <u>13</u> of <u>51</u>
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Blanca Rubio for Assembly 2020

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/4/2020	Novartis Finance Corporation Fort Worth, TX 76134	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$4,700.00	\$4,700.00	2020P: \$4,700.00 2020G: \$4,700.00
9/5/2020	OCCUPATIONAL THERAPY ASSOCIATION OF CALIFORNIA POLITICAL ACTION COMMITTEE SACRAMENTO, CA 95814 Committee ID: 790762	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$1,000.00	2020G: \$1,000.00
8/15/2020	PEACE OFFICERS RESEARCH ASSOCIATION OF CALIFORNIA PAC SACRAMENTO, CA 95834 Committee ID: 810830	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input checked="" type="checkbox"/> SCC		\$6,300.00	\$10,800.00	2020P: \$5,500.00 2020G: \$9,300.00
8/4/2020	Pfizer Inc. Memphis, TN 38120	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$2,000.00	\$2,000.00	2020P: \$1,500.00 2020G: \$2,000.00
8/4/2020	PLUMBING PIPING AND MECHANICAL CONTRACTORS PAC SPONSORED BY CALIFORNIA LEGISLATIVE CONFERENCE OF PLUMBING HEATING AND PIPING I SACRAMENTO, CA 95814 Committee ID: 1219570	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,500.00	\$1,500.00	2020G: \$1,500.00
SUBTOTAL						

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 (other than PTY or SCC)
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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from 07/01/2020		CALIFORNIA FORM 460
through 09/19/2020		
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Blanca Rubio for Assembly 2020

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/20/2020	San Manuel Band of Mission Indians Los Angeles, CA 90071	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$2,500.00	\$2,500.00	2020P: \$4,700.00 2020G: \$2,500.00
9/19/2020	Santa Ynez Band of Mission Indians Santa Ynez, CA 93460	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$2,000.00	\$5,200.00	2020P: \$4,700.00 2020G: \$2,000.00
8/4/2020	Sierra Pacific Industries Lincoln, CA 95648	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$1,000.00	2020P: \$1,000.00 2020G: \$1,000.00
8/2/2020	Smart Justice California Action Fund Sacramento, CA 95815 Committee ID: 1423131	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$4,700.00	\$4,700.00	2020G: \$4,700.00
9/13/2020	Southwest Regional Council of Carpenters Political Action Fund Los Angeles, CA 90071 Committee ID: 870169	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input checked="" type="checkbox"/> SCC		\$8,000.00	\$8,000.00	2020P: \$8,000.00 2020G: \$8,000.00
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2020	
through	09/19/2020	Page 15 of 51
NAME OF FILER Blanca Rubio for Assembly 2020		I.D. Number 1414082

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/3/2020	STATE BUILDING & CONSTRUCTION TRADES COUNCIL OF CALIFORNIA PAC Sacramento, CA 95814 Committee ID: 743501	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input checked="" type="checkbox"/> SCC		\$9,300.00	\$9,300.00	2020P: \$3,000.00 2020G: \$9,300.00
9/13/2020	T-Mobile Bellevue, WA 98006	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$1,000.00	2020P: \$1,000.00 2020G: \$1,000.00
9/18/2020	The Travelers Indemnity Company Hartford, CT 06183	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$2,000.00	\$2,000.00	2020G: \$2,000.00
8/4/2020	United Contractors PAC San Ramon, CA 94583 Committee ID: 891124	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$2,500.00	\$2,500.00	2020P: \$4,700.00 2020G: \$2,500.00
8/15/2020	UnitedHealth Group Inc Hopkins, MN 55343	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$4,700.00	\$4,700.00	2020P: \$4,700.00 2020G: \$4,700.00
SUBTOTAL						

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SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2020	
through	09/19/2020	Page 16 of 51

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Blanca Rubio for Assembly 2020

I.D. Number

1414082

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/4/2020	UP RAILROAD COMPANY Sacramento, CA 95814	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,500.00	\$1,500.00	2020G: \$1,500.00
8/22/2020	Valero Services Inc. and Affiliated Entities San Antonio, TX 78207	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$4,700.00	\$4,700.00	2020P: \$4,700.00 2020G: \$4,700.00
8/30/2020	WESCOM CREDIT UNION STATE PAC PASADENA, CA 91101 Committee ID: 1273830	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$500.00	\$500.00	2020G: \$500.00
9/13/2020	Yocha Dehe Wintun Nation Brooks, CA 95606	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$4,000.00	\$4,000.00	2020P: \$3,000.00 2020G: \$4,000.00
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
SUBTOTAL				\$168,400.00		

*Contributor Codes
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(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule B – Part 1 Loans Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE B - PART 1

Statement covers period
from 07/01/2020
through 09/19/2020

CALIFORNIA FORM 460
Page 17 of 51

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Blanca Rubio for Assembly 2020

I.D. NUMBER
1414082

FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAID OR FORGIVEN THIS PERIOD*	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				<input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN		_____% RATE		CALENDAR YEAR PER ELECTION**
					DATE DUE		DATE INCURRED	
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				<input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN		_____% RATE		CALENDAR YEAR PER ELECTION**
					DATE DUE		DATE INCURRED	
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				<input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN		_____% RATE		CALENDAR YEAR PER ELECTION**
					DATE DUE		DATE INCURRED	

SUBTOTALS

Schedule B Summary

1. Loans received this period. _____
(Total Column (b) plus unitemized loans less than \$100.)
2. Loans paid or forgiven this period _____
(Total Column (c) plus loans under \$100 paid or forgiven.)
(Include loans paid by a third party that are also itemized on Schedule A.)
3. Net change this period. (Subtract Line 2 from Line 1.) _____
Enter the net here and on the Summary Page, Column A, Line 2.

Net _____
(may be a negative number)

(Enter (e) on
Schedule E, Line 3)

* Amounts forgiven or paid by
another party also must be
reported on Schedule A.

** If required.

*Contributor Codes

IND-Individual COM-Recipient Committee (other than PTY or SCC) OTH-Other PTY-Political Party SCC-Small Contributor Committee

FPPC Form 460 (June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC

Schedule B - Part 2

Loan Guarantors

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE B - PART 2

Statement covers period from <u>07/01/2020</u> through <u>09/19/2020</u>	CALIFORNIA FORM 460
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Blanca Rubio for Assembly 2020

FULL NAME, STREET ADDRESS AND ZIP CODE OF GUARANTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	LOAN	AMOUNT GUARANTEED THIS PERIOD	CUMULATIVE TO DATE	BALANCE OUTSTANDING TO DATE
	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		LENDER _____ DATE _____		CALENDAR YEAR _____ PER ELECTION (IF REQUIRED) _____	
	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		LENDER _____ DATE _____		CALENDAR YEAR _____ PER ELECTION (IF REQUIRED) _____	
	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		LENDER _____ DATE _____		CALENDAR YEAR _____ PER ELECTION (IF REQUIRED) _____	
	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		LENDER _____ DATE _____		CALENDAR YEAR _____ PER ELECTION (IF REQUIRED) _____	
SUBTOTAL					Enter on Summary Page, Line 17 only.	

Schedule C

Nonmonetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE C

Statement covers period from <u>07/01/2020</u> through <u>09/19/2020</u>	CALIFORNIA FORM 460
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Blanca Rubio for Assembly 2020

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL

Schedule C Summary

- Amount received this period - nonmonetary contributions of \$100 or more.
(Include all Schedule C subtotals.).....
- Amount received this period - unitemized nonmonetary contributions of less than \$100
- Total nonmonetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.) **TOTAL**

*Contributor Codes
 IND - Individual
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 (other than PTY or SCC)
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 SCC - Small Contributor Committee

Schedule D

Summary of Expenditures

Supporting/Opposing Other

Candidates, Measures and Committees

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE D

Statement covers period		CALIFORNIA FORM 460
from 07/01/2020		
through 09/19/2020		Page 20 of 51
		I.D. NUMBER 1414082

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Blanca Rubio for Assembly 2020

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/29/2020	Ivette Sanchez School Board Member Jurisdiction: Ontario-Montclair School District	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		\$3,200.00	\$5,000.00	2020G: \$5,000.00
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
7/29/2020	Mario Trujillo City Council Member District 5 Jurisdiction: City of Downey	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		\$2,000.00	\$2,000.00	2020G: \$2,000.00
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
8/4/2020	Charles Trevino Water Board of Directors District 2 Jurisdiction: San Gabriel Valley Municiple Dist.	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		\$2,500.00	\$2,500.00	2020G: \$2,500.00
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
SUBTOTAL						

Schedule D Summary

- Contributions and independent expenditures made this period of \$100 or more. (Include all Schedule D subtotals.) \$26,100.00
- Unitemized contributions and independent expenditures made this period of under \$100 \$0.00
- Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.) **TOTAL** \$26,100.00

FPPC Form 460 (June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC

**Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees**

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 07/01/2020

through 09/19/2020

**CALIFORNIA
FORM 460**

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NAME OF FILER
Blanca Rubio for Assembly 2020

I.D. NUMBER
1414082

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/18/2020	Richard Thomas City Council Member District 22 Jurisdiction: City of El Monte	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure		\$2,000.00	\$2,000.00	2020G: \$2,000.00
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
8/18/2020	Ivette Sanchez School Board Member Jurisdiction: Ontario-Montclair School District	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		\$1,800.00	\$5,000.00	2020G: \$5,000.00
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
8/11/2020	Danny Damian City Council Member Jurisdiction: City of Baldwin Park	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		\$500.00	\$500.00	2020G: \$500.00
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
8/11/2020	Ralph Galvan Water District Director Jurisdiction: Valley County	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		\$500.00	\$500.00	2020G: \$500.00
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					

SUBTOTAL

**Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees**

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 07/01/2020

through 09/19/2020

**CALIFORNIA
FORM 460**

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NAME OF FILER
Blanca Rubio for Assembly 2020

I.D. NUMBER
1414082

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/25/2020	Rosaelva Lomeli Community College Board District 3 Jurisdiction: Rio Hondo Community College District	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure		\$900.00	\$900.00	2020G: \$900.00
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
8/25/2020	Oscar Valladares Community College Board District 5 Jurisdiction: Rio Hondo Community College District	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		\$900.00	\$900.00	2020G: \$1,400.00
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
8/25/2020	Danaee Amaya Board Trustee District 5 Jurisdiction: Covina Valley Unified School Dist	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		\$500.00	\$500.00	2020G: \$500.00
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
8/25/2020	Estela Magana Community College Board District 2 Jurisdiction: Rio Hondo Community College Dist.	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		\$900.00	\$5,000.00	2020G: \$5,000.00
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					

SUBTOTAL

**Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees**

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to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 07/01/2020

through 09/19/2020

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FORM 460**

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NAME OF FILER
Blanca Rubio for Assembly 2020

I.D. NUMBER
1414082

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/2/2020	Alfonso Contreras Water Board District 4 Jurisdiction: Upper San Gabriel Valley	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure		\$4,000.00	\$4,000.00	2020G: \$4,000.00
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
9/3/2020	Francisco Gutierrez School Board Member Jurisdiction: West Covina Unified School Dist.	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		\$500.00	\$500.00	2020G: \$500.00
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
9/9/2020	Estela Magana Community College Board District 2 Jurisdiction: Rio Hondo Community College Dist.	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		\$4,100.00	\$5,000.00	2020G: \$5,000.00
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
8/4/2020	Joanna Valenzuela City Clerk Jurisdiction: City of Baldwin Park	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		\$1,000.00	\$1,000.00	2020G: \$1,000.00
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					

SUBTOTAL

**Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees**

Type or print in ink.
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to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 07/01/2020

through 09/19/2020

CALIFORNIA FORM 460

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NAME OF FILER
Blanca Rubio for Assembly 2020

I.D. NUMBER
1414082

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/11/2020	Monica Sanchez City Council Member Jurisdiction: City of Pico Rivera	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure		\$800.00	\$800.00	2020G: \$500.00
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
		<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure				
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose					
		<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure				
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose					
		<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure				
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose					
SUBTOTAL \$26,100.00						

Schedule E Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E

Statement covers period from 07/01/2020 through 09/19/2020		CALIFORNIA FORM 460 Page 25 of 51
I.D. NUMBER 1414082		

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Blanca Rubio for Assembly 2020

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
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IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Blue State Consulting Glendale, CA 91205	CNS			\$2,000.00
Campaign Management Group Ontario, CA 91764	CNS			\$5,000.00
Promo Image Chino Hills, CA 91709	CMP			\$532.07

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E Summary

1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.)	\$93,295.20
2. Unitemized payments made this period of under \$100.	\$80.78
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)	\$0.00
4. Total payments made this period. (Add lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	TOTAL \$93,375.98

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
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SCHEDULE E (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 07/01/2020		
through 09/19/2020		Page 26 of 51
NAME OF FILER Blanca Rubio for Assembly 2020		I.D. NUMBER 1414082

SEE INSTRUCTIONS ON REVERSE

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Kathryn Ramirez Salinas, CA 93906	OFC			\$168.00
San Gabriel Valley Foundation For Economic Growth Baldwin Park, CA 91706	CVC			\$250.00
Ivette Sanchez for School Board 2020 Ontario, CA 91761	CTB			\$3,200.00
Committee ID: Pending Mario Trujillo for Downey City Council 2020 Long Beach, CA 90802	CTB			\$2,000.00
Committee ID: 1426808 Baldwin Park Women's Club Baldwin Park, CA 91706	CVC			\$140.00

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SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
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SCHEDULE E (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 07/01/2020		
through 09/19/2020		Page 27 of 51
NAME OF FILER Blanca Rubio for Assembly 2020		I.D. NUMBER 1414082

SEE INSTRUCTIONS ON REVERSE

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CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Campaign Management Group Ontario, CA 91764	CNS			\$5,000.00
Trevino for Water Board 2020 Long Beach, CA 90802	CTB	Contribution		\$2,500.00
Committee ID: 1297409 Rosa Valdez Azusa, CA 91702	CNS			\$250.00
Miller & Olson LLP Burlingame, CA 94010	PRO			\$3,422.31
Committee to Elect Richard Thomas City Council South El Monte, CA 91733	CTB	Contribution		\$2,000.00
Committee ID: 1408539				

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SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

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SCHEDULE E (CONT.)

Statement covers period		CALIFORNIA FORM 460
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NAME OF FILER Blanca Rubio for Assembly 2020		I.D. NUMBER 1414082

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Ivette Sanchez for School Board 2020 Ontario, CA 91761	CTB		Contribution	\$1,800.00
Committee ID: Pending McKinley Pillows Fundraising Inc Sacramento, CA 95814	FND			\$8,055.00
Danny Damian for City Council 2020 Baldwin Park, CA 91706	CTB		Political Contribution	\$500.00
Committee ID: 1428236 Global Healthcare Product Solutions LLC Los Angeles, CA 90015	CVC			\$1,533.00
McKinley Pillows Fundraising Inc Sacramento, CA 95814	FND			\$4,245.54

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SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

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SCHEDULE E (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2020	
through 09/19/2020		Page 29 of 51
NAME OF FILER Blanca Rubio for Assembly 2020		I.D. NUMBER 1414082

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
McKinley Pillows Fundraising Inc Sacramento, CA 95814	POS			\$2.50
McKinley Pillows Fundraising Inc Sacramento, CA 95814	FND			\$563.00
Ralph Galvan for Valley County Water District Director 2020 Baldwin Park, CA 91706	CTB		Politicl Contribution	\$500.00
Committee ID: 1423360 Miller & Olson LLP Burlingame, CA 94010	PRO			\$3,312.54
Blue State Consulting Glendale, CA 91205	CNS			\$2,000.00

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SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

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Statement covers period		CALIFORNIA FORM 460
from	07/01/2020	
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NAME OF FILER Blanca Rubio for Assembly 2020		I.D. NUMBER 1414082

SEE INSTRUCTIONS ON REVERSE

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Proforma Tampa, FL 33606	CMP			\$3,080.00
Rosaelva Lomeli for Rio Hondo College Covina, CA 91722	CTB		Political Contribution	\$900.00
Committee ID: 1409393 Oscar Valladares for Rio Hondo College Long Beach, CA 90802	CTB		Political Contribution	\$900.00
Committee ID: 1405401 Danaee Amaya for Covina Valley School Board Covina, CA 91722	CTB		Political Contribution	\$500.00
Committee ID: 1428019 Estela Magana for Rio Hondo College Board Ontario, CA 91761	CTB		Political Contribution	\$900.00
Committee ID: 1431201				

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SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

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SCHEDULE E (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 07/01/2020		
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NAME OF FILER Blanca Rubio for Assembly 2020		I.D. NUMBER 1414082

SEE INSTRUCTIONS ON REVERSE

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
McKinley Pillows Fundraising Inc Sacramento, CA 95814	OFC			\$0.90
McKinley Pillows Fundraising Inc Sacramento, CA 95814	POS			\$29.41
McKinley Pillows Fundraising Inc Sacramento, CA 95814	OFC			\$0.45
McKinley Pillows Fundraising Inc Sacramento, CA 95814	POS			\$1.50
Campaign Management Group Ontario, CA 91764	CNS			\$5,000.00

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SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

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SCHEDULE E (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 07/01/2020		
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Blanca Rubio for Assembly 2020

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Elect Alfonso Contreras for Water Board 2020 Baldwin Park, CA 91706	CTB		Contribution	\$4,000.00
Committee ID: 1390737 McKinley Pillows Fundraising Inc Sacramento, CA 95814	FND			\$4,260.00
McKinley Pillows Fundraising Inc Sacramento, CA 95814	OFC			\$1.14
McKinley Pillows Fundraising Inc Sacramento, CA 95814	POS			\$30.00
McKinley Pillows Fundraising Inc Sacramento, CA 95814			Fundraising Event Expenses	\$62.93

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SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

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SCHEDULE E (CONT.)

Statement covers period		CALIFORNIA FORM 460
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NAME OF FILER Blanca Rubio for Assembly 2020		I.D. NUMBER 1414082

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Francisco Gutierrez for West Covina School Board 2020 West Covina, CA 91791	CTB		Contribution	\$500.00
Committee ID: 1427378 Rosa Valdez Azusa, CA 91702	CNS			\$250.00
Estela Magana for Rio Hondo College Board Ontario, CA 91761	CTB		Contribution	\$4,100.00
Committee ID: 1431201 Miller & Olson LLP Burlingame, CA 94010	PRO			\$3,376.05
McKinley Pillows Fundraising Inc Sacramento, CA 95814	FND			\$5,752.50

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SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

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to whole dollars.

SCHEDULE E (CONT.)

Statement covers period		CALIFORNIA FORM 460
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NAME OF FILER Blanca Rubio for Assembly 2020		I.D. NUMBER 1414082

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FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
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LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Chase New York, NY 10017			See Schedule G for payees reaching disclosure threshold.	\$2,089.22
Chase New York, NY 10017			See Schedule G for payees reaching disclosure threshold.	\$1,745.40
Daniel Folwarkow Sacramento, CA 95814	OFC			\$108.74
McKinley Pillows Fundraising Inc Sacramento, CA 95814	FND			\$450.00
Chase New York, NY 10017			See Schedule G for payees reaching disclosure threshold.	\$3,283.00

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2020	
through 09/19/2020		Page 35 of 51
NAME OF FILER Blanca Rubio for Assembly 2020		I.D. NUMBER 1414082

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Blanca Rubio for Assembly 2020

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Blue State Consulting Glendale, CA 91205	CNS			\$2,000.00
Joanna Valenzuela for City Clerk 2020 Ontario, CA 91761	CTB			\$1,000.00
Committee ID: 1428302				

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL \$93,295.20

Schedule F Accrued Expenses (Unpaid Bills)

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE F

Statement covers period
from 07/01/2020
through 09/19/2020

CALIFORNIA
FORM 460

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Blanca Rubio for Assembly 2020

I.D. NUMBER
1414082

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LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
Hilda Escobar Sacramento, CA 95828	CNS	\$0.00	\$3,000.00	\$0.00	\$3,000.00
Chase New York, NY 10017	Various credit card purchases. See Schedule G for Credit Card Payees meeting threshold.	\$2,198.13	\$6,848.66	\$7,117.62	\$1,929.17
Santillan Devlin LLC Sacramento, CA 95825	CNS	\$0.00	\$2,500.00	\$0.00	\$2,500.00

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SUBTOTALS \$2,198.13 \$12,348.66 \$7,117.62 \$7,429.17

Schedule F Summary

- Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for accrued expenses of \$100 or more, plus total unitemized accrued expenses under \$100.)..... **INCURRED TOTALS** \$12,348.66
- Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on accrued expenses of \$100 or more, plus total unitemized payments on accrued expenses under \$100.)..... **PAID TOTALS** \$7,117.62
- Net change this period. (**Subtract** Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.)..... **NET** \$5,231.04
May be a negative number.

FPPC Form 460 (June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC

Schedule G

Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE G

Statement covers period
from 07/01/2020
through 09/19/2020

CALIFORNIA
FORM **460**

Page 37 of 51

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Blanca Rubio for Assembly 2020

I.D. NUMBER
1414082

NAME OF AGENT OR INDEPENDENT CONTRACTOR
Chase

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Amazon Seattle, WA 98109	OFC			\$70.02
Tenaya Lodge at Yosemite Fish Camp, CA 93623			9/4/20-Hotel Accommodations for Candidate in Yosemite for Staff Retreat	\$316.40
Chevron Los Angeles, CA 90037			7/26/20-Ground Transportation for Candidate to Meeting in District	\$16.75
Chevron Los Angeles, CA 90037			7/26/20-Ground Transportation for Candidate to Meeting in District	\$25.02

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$428.19

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Schedule G

Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

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SCHEDULE G

Statement covers period
from 07/01/2020
through 09/19/2020

CALIFORNIA
FORM **460**

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NAME OF FILER
Blanca Rubio for Assembly 2020

I.D. NUMBER
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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Chevron Los Angeles, CA 90037			7/31/20-Ground Transportation for Candidate to Meeting in District	\$43.36
Chevron Los Angeles, CA 90037			8/1/20-Ground Transportation for Candidate to Meeting in District	\$17.28
Children's Advocacy Center Covina, CA 91724	CVC			\$1,000.00
Curo Duarte, CA 91010			Signs for District Food Drive Event	\$118.20

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$1178.84

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FPPC Form 460 (June/01)
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Schedule G

Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

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SCHEDULE G

Statement covers period
from 07/01/2020
through 09/19/2020

CALIFORNIA
FORM **460**

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Blanca Rubio for Assembly 2020

I.D. NUMBER
1414082

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
FTD.Com Downers Grove, IL 60515			7/29/20-Gift to Toni Atkins-Floral Arrangement	\$188.12
Macy's Cincinnati, OH 45202			7/21/20-Gift to Hilda Escobar-Watch	\$215.45
McDonald's West Covina, CA 91791	MTG			\$9.40
McDonald's West Covina, CA 91791	MTG			\$18.46

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$431.43

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FPPC Form 460 (June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC

Schedule G

Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

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Amounts may be rounded
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SCHEDULE G

Statement covers period
from 07/01/2020
through 09/19/2020

CALIFORNIA
FORM **460**

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Blanca Rubio for Assembly 2020

I.D. NUMBER
1414082

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
McDonald's West Covina, CA 91791	MTG			\$4.70
McDonald's West Covina, CA 91791	MTG			\$6.88
McDonald's West Covina, CA 91791	MTG			\$6.77
McDonald's West Covina, CA 91791	MTG			\$9.40

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$27.75

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FPPC Form 460 (June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC

Schedule G

Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

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SCHEDULE G

Statement covers period		CALIFORNIA FORM 460
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through	09/19/2020	Page 41 of 51

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Blanca Rubio for Assembly 2020

I.D. NUMBER
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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
McDonald's West Covina, CA 91791	MTG			\$41.30
McDonald's West Covina, CA 91791	MTG			\$5.21
McDonald's West Covina, CA 91791	MTG			\$8.46
McDonald's West Covina, CA 91791	MTG			\$48.10

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$103.07

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FPPC Form 460 (June/01)
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Schedule G

Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

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SCHEDULE G

Statement covers period		CALIFORNIA FORM 460
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Blanca Rubio for Assembly 2020

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McDonald's West Covina, CA 91791	MTG			\$9.40
McDonald's West Covina, CA 91791	MTG			\$4.23
McDonald's West Covina, CA 91791	MTG			\$22.25
Orbitz Chicago, IL 60661	WEB			\$110.36

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TOTAL* \$146.24

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FPPC Form 460 (June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC

Schedule G

Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

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SCHEDULE G

Statement covers period		CALIFORNIA FORM 460
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NAME OF FILER
Blanca Rubio for Assembly 2020

I.D. NUMBER
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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Pizza Rock Sacramento, CA 95814			8/22/2020-Food for Volunteers at AD48 Food Drive-80 Attendees	\$450.00
Dr. Monica Sanchez for the City Council 2019 Pico Rivera, CA 90660	CTB			\$800.00
1419255 Smart & Final Sacramento, CA 95834	OFC			\$82.96
Smart & Final Sacramento, CA 95834	OFC			\$74.19

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TOTAL* \$1407.15

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FPPC Form 460 (June/01)
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Schedule G

Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

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SCHEDULE G

Statement covers period		CALIFORNIA FORM 460
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Blanca Rubio for Assembly 2020

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Smart & Final Sacramento, CA 95834	OFC			\$91.96
Southwest Dallas, TX 75235			7/29/20-Roundtrip Airfare for Member of Household to District for Leg Business	\$107.96
Southwest Dallas, TX 75235			7/29/20-Roundtrip Airfare for Candidate to District for Leg Business	\$45.60
Southwest Dallas, TX 75235			7/29/20-Roundtrip Airfare for Member of Household to District for Leg Business	\$128.98

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TOTAL* \$374.50

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Schedule G

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SCHEDULE G

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NAME OF FILER
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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Southwest Dallas, TX 75235			7/29/20-Roundtrip Airfare for Member of Household to District for Leg Business	\$45.60
Southwest Dallas, TX 75235			7/29/20-Roundtrip Airfare for Member of Household to District for Leg Business	\$58.98
Southwest Dallas, TX 75235			7/29/20-Roundtrip Airfare for Member of Household to District for Leg Business	\$197.96
Southwest Dallas, TX 75235			7/29/20-Roundtrip Airfare for Member of Household to District for Leg Business	\$11.20

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TOTAL* \$313.74

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FPPC Form 460 (June/01)
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Schedule G

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to whole dollars.

SCHEDULE G

Statement covers period		CALIFORNIA FORM 460
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NAME OF FILER
Blanca Rubio for Assembly 2020

I.D. NUMBER
1414082

NAME OF AGENT OR INDEPENDENT CONTRACTOR
Chase

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Southwest Dallas, TX 75235			7/29/20-Roundtrip Airfare for Candidate to Distrcit for Leg Business	\$45.60
Southwest Dallas, TX 75235			7/29/20-Roundtrip Airfare for Member of Household to District for Leg Business	\$11.20
Southwest Dallas, TX 75235			7/29/20-Roundtrip Airfare for Member of Household to District for Leg Business	\$11.20
Southwest Dallas, TX 75235			7/29/20-Roundtrip Airfare for Candidate to District for Leg Business	\$22.80

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$90.80

* Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

FPPC Form 460 (June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC

Schedule G

Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE G

Statement covers period
from 07/01/2020
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NAME OF FILER
Blanca Rubio for Assembly 2020

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1414082

NAME OF AGENT OR INDEPENDENT CONTRACTOR
Chase

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc.	MBR member communications	RAD radio airtime and production costs
CNS campaign consultants	MTG meetings and appearances	RFD returned contributions
CTB contribution (explain nonmonetary)*	OFC office expenses	SAL campaign workers' salaries
CVC civic donations	PET petition circulating	TEL t.v. or cable airtime and production costs
FIL candidate filing/ballot fees	PHO phone banks	TRC candidate travel, lodging, and meals
FND fundraising events	POL polling and survey research	TRS staff/spouse travel, lodging, and meals
IND independent expenditure supporting/opposing others (explain)*	POS postage, delivery and messenger services	TSF transfer between committees of the same candidate/sponsor
LEG legal defense	PRO professional services (legal, accounting)	VOT voter registration
LIT campaign literature and mailings	PRT print ads	WEB information technology costs (internet, email)

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Southwest Dallas, TX 75235			7/29/20-Roundtrip Airfare for Member of Household to District for Leg Business	\$11.20
Southwest Dallas, TX 75235			8/6/20-Roundtrip Airfare for Candidate to District for Leg Business	\$70.00
Southwest Dallas, TX 75235			8/11/20-Roundtrip Airfare for Member of Household to District for Leg Business	\$70.00
Southwest Dallas, TX 75235			8/14/20-Roundtrip Airfare for Candidate to Sacramento for Leg Business	\$5.60

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$156.80

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FPPC Form 460 (June/01)
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Schedule G

Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

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SCHEDULE G

Statement covers period
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NAME OF FILER
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NAME OF AGENT OR INDEPENDENT CONTRACTOR
Chase

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Southwest Dallas, TX 75235			8/14/20-Roundtrip Airfare for Candidate to District for Leg Business	\$5.60
Southwest Dallas, TX 75235			8/21/20-Roundtrip Airfare for Member of Household to District for Leg Business	\$126.02
Southwest Dallas, TX 75235			8/26/20-Roundtrip Airfare for Member of Household to District for Leg Business	\$5.60
Subway Baldwin Park, CA 91706			9/9/20-Lunch For District Food Drive Volunteers-27 Attendees	\$419.40

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$556.62

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FPPC Form 460 (June/01)
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Schedule G

Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

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Amounts may be rounded
to whole dollars.

SCHEDULE G

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NAME OF AGENT OR INDEPENDENT CONTRACTOR
Chase

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Target Baldwin Park, CA 91706			8/18/20-Gift to Monique Limsn-Gift Card	\$100.00
Target Baldwin Park, CA 91706			8/22/20-Gift to Sarah Rizvi-Gift Card	\$100.00
Tenaya Lodge at Yosemite Fish Camp, CA 93623			9/4/20-Hotel Accommodations for Candidate in Yosemite for Staff Retreat	\$316.40
Amazon Seattle, WA 98109	OFC			\$100.00

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$616.40

* Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

FPPC Form 460 (June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC

Schedule H – Loans Made to Others*

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE H

Statement covers period from <u>07/01/2020</u> through <u>09/19/2020</u>	CALIFORNIA FORM 460
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FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT LOANED THIS PERIOD	(c) REPAYMENT OR FORGIVENESS THIS PERIOD*	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST RECEIVED	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE LOANS TO DATE
				<input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN		_____ % RATE		CALENDAR YEAR PER ELECTION**
					DATE DUE		DATE INCURRED	
				<input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN		_____ % RATE		CALENDAR YEAR PER ELECTION**
					DATE DUE		DATE INCURRED	
*Loans that are contributions to another candidate or committee must also be summarized on Schedule D. Loans forgiven must also be reported on Schedule E.		SUBTOTALS						

(Enter (e) on
Schedule I, Line 3)

Schedule H Summary

1. Loans made this period
(Total Column (b) plus unitemized loans less than \$100.)

2. Payments received on loans
(Total Column (c) plus unitemized payments less than \$100.)

3. Net change this period. (Subtract Line 2 from Line 1.) **NET**
(Enter the net here and on the Summary Page, Column A, Line 7.)

** If Required

(May be a negative number)

Schedule I Miscellaneous Increases to Cash

Type or print in ink.
Amounts may be rounded
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SCHEDULE I

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DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DESCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH
7/13/2020	USC Sol Price School of Public Policy Los Angeles, CA 90015	Check Never Cashed	\$1,000.00

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$1,000.00

Schedule I Summary

1. Increases to cash of \$100 or more this period.....	\$1,000.00
2. Unitemized increases to cash under \$100 this period.	\$0.00
3. Total of all interest received this period on loans made to others. (Schedule H, Column (e).).....	\$0.00
4. Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Line 14.).....	TOTAL \$1,000.00

FPPC Form 460 (June/01)
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